

# City of Williams

## ☐ LANDLORD AGREEMENT

## Water / Sewer / Trash Agreement

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NAME: \_\_\_\_\_

NUMBER OF OCCUPANTS: \_\_\_\_\_

PHONE NUMBER: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

CELL PHONE NUMBER: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

SOCIAL SECURITY # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_

STATE \_\_\_\_\_ EXP DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

START SERVICE DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PRIOR ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### TYPE OF UNIT (CIRCLE ONE BELOW)

SINGLE HOME / TOWNHOUSE

MOBILE HOME RENTAL APARTMENT

DUPLEX APT. CONDOMINIUM

DO YOU RENT ? \_\_\_\_\_ (If so, please fill out  
the information below)

LANDLORD'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

### **BY INITIATING WATER/SEWER/TRASH SERVICE WITH THE CITY OF WILLIAMS I AGREE TO THE FOLLOWING TERMS AND CONDITIONS**

#### **TURN ON SERVICE:**

Customer must be present in order for water service to be turned on.

Customer may waive this requirement in writing only.

#### **SANITATION SERVICE:**

All water customers are required to have sanitation service. The city at its sole discretion may remove refuse containers if water service is discontinued.

#### **ADDITIONAL SERVICE FEE:**

After initial turn on customer will pay a \$25.00 fee each time a city representative is required to turn on or off service for non payment.

Winter turn offs are not subject to the \$25.00 charge.

#### **RELOCATION OF SERVICE:**

A new deposit will be required for your new address. Any previous deposit will be applied to the final bill from your previous address; and any remaining balance will be transferred to your new address.

#### **WATER LEAKS:**

Water leak repair is the responsibility of the customer and the customer is responsible for payment of all water usage the meter records during such water leaks. The city is only responsible for leaks occurring before the meter. The city reserves the right to estimate water usage during a month when it is impractical to read the meter.

#### **TRANSFER OF UNPAID OR PAST DUE BALANCES:**

Customer gives the City of Williams permission to transfer any unpaid or past due balances that they have with the city to the customer's current water, electric and/or any other account the customer may have with the city. This action is at the sole discretion of the City of Williams.

#### **PAYMENT DUE DATES**

Utility payments are due on or before the 15th day of the month. Interest will be charged at rate of 1.5% per month on all amounts not paid on the due date.

#### **DOOR HANGERS FOR LATE PAYMENTS:**

After two months of non payment a door hanger will be delivered to the service address and \$15.00 will be charged to the account.

#### **SHUT OFF FOR LATE PAYMENTS:**

If service is turned off due to late payment, a new deposit plus the service fee of \$25.00 will be required.

**CUSTOMER TERMINATION OF SERVICE:**

The customer must provide a forwarding address upon termination of service.

**COLLECTION COSTS:**

Customer agrees to reimburse the City of Williams for all reasonable collection costs associated with this account.

**NON SUFFICIENT FUND CHECKS:**

Returned checks will be charged a \$25.00 service fee and customer may be required to make all future payments in cash or a money order.

**SERVICE FEES:**

All account service fees are subject to change without notice.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\* \* \* \* \* **INCOMPLETE AGREEMENTS WILL NOT BE HONORED** \* \* \* \* \*

**MAKE CHECKS PAYABLE TO:** City of Williams  
113 S. 1st Street  
Williams, AZ 86046

**PHONE:** (928) 635-4451  
**FAX:** (928) 635-4495

*FOR OFFICE USE ONLY*

**DEPOSIT INFORMATION**

RESIDENTIAL DEPOSIT: \$75.00

DEPOSIT RECEIVED BY: \_\_\_\_\_

DATE DEPOSIT RECEIVED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

AMOUNT OF COMMERCIAL DEPOSIT: \$ \_\_\_\_\_

CHECK \_\_\_\_ # \_\_\_\_\_

DATE DEPOSIT RECEIVED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

CREDIT CARD \_\_\_\_ (Last 4 digits) \_\_\_\_ \_ \_ \_ \_

CASH \_\_\_\_ MONEY ORDER \_\_\_\_

PICTURE ID VERIFIED YES \_\_\_\_ NO \_\_\_\_

SERVICE ORDER COMPLETED YES \_\_\_\_ NO \_\_\_\_